man for men animalis Marisand spille arm from a

PATE		EE DETERMINAT For Form PTO-876	ION RECORD	nformation unfers it disp	PTO/BE/06 POUGH 7/81/2006, OMB 066 DEPARTMENT OF COMM BET & Velid OMB confirm
CLAIMS AS FILED - PART I				110	40000
FOR .	NUMBER FILED	(Column 2)	5MALL	ENTITY OR	OTHER THAN SMALL ENTITY
8ASIC FEE (37 CFR 1.16(a))		NUMBER EXTRA	RATE	·FEE:	
TOTAL CLAIMS (37 CFR 1.16(c))		<u> </u>	-	5.	PATE FEE
INDEPENDENT CLAIMS (37 OFR 1.16(b))	minus 20 =	•	X 8 =	OR	
MULTIPLE DEPENDENT O	All possess		X \$=	OR	X 1 E
		R 1.16(d))	+1	OR	X1
WIND CHICKSTON IN CONUNK	1 Is less than zero, enter 10	fin column 2.	TOTAL	OR	+1
CLAIM	S AS AMENDED - PA	ART II		OR .	TOTAL
			· · · · :		
	LAIMS HI	GHEST	SMALL.EN	TITY OR	OTHER THAN
Z1\0\'\'\	FTER STER	MBER PUBBENT	PATE -	ABOF	SMALL ENTITY
Total OFFICER (.16(cl)	NDMENT PA	D FOR		TIONAL FEE	HATE ADDI-
Z Independent			x125		TIONAL
<b>\\</b>	2	01=	x \$ (00=	OR X	, 50 =
FIRST PRESENTATION O	F MULTIPLE DEPENDENT CLA	M (37 CFR 1.16(d))		OR - X	1200=
	·		+1/80=	OR +	360
<i>(</i> 0.1	· 	• .:	TOTAL ADD'L FEE	1 70	OTAL
(Colu	IMS I	umn 2) (Column 3)		AL	DO'L FEE
AFT AFT	INING NUM	BER PRESENT	RATE	1	AGI:
HENT MENT	MENT PAID	FOR.	i . I . TR	MAL !	RATE ADDI-
(3) OFR 1.16(cl)	Minus	=		EE	TIONAL
(31 CFR 1.16(6))	Minus ···	= =	X1	OR X.1	=
FIRST, PRESENTATION OF	NIVE DEFENDENT CLAIM	(1) 000	X 4	OR X:	=
	THE COUNTY OF THE COUNTY	1300 R 6.16(d)		THE CONTRACTOR OF THE PARTY	O CANADAN CANA
· · · · · · · · · · · · · · · · · · ·			TOTAL ADD'L FEE	TOT	<u>a -                                   </u>
(Column		n 2)(Column 3)		OR ADD	L FEE
CLAIN REMAIN	ING HIGHE	ST	· · · · · · · · · · · · · · · · · · ·		n41.
AFTE AMENDM	PREVIOU	SLY FXTRA	RATE ADD	)L	76
(37 CFR 1:[6(c]]	Minus "	OR .	.TION ⊀FE		TIONAL
Ar CFR 1.166	Minus ***		< \$		FEE
<del></del>	•   •	1= 7	(1=	OR X \$_*	==
FIRST PRESENTATION OF MU	LTIPLE DEPENDENT CLAIM (	17 CFR 1.16(d))		OR XI	=
• •		L	OTAL	OR + 1	
If the entry in column 1 is les	s than the entry in column 2, ously Paid For IN THIS COA	A	DO'L FEE	TOTAL	
			20*		ЭЭ
ne Highest Number D.	ously Paid For IN THIS SPA sly Paid For (Total or Indep fred by 37 CFR 1.16. The I onlidenually is poverned by	CE Is lace than a seturate			1.

The Highest-Number Previously Pald For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is poverned by 35 U.S.C. 122 and 37 CFR 1.13. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22311-1450.